

LICENSING CORRECTIVE ACTION PLAN (CAP)

Page 1 of 2

NAME OF PROVIDER/OPERATOR: Kinder Care Learning Center

LOCATION ADDRESS: 158 Westbrook Rd TOWN: Essex

LICENSE #: 12375

INSPECTION REPORT DATE: 9/28/22

CAPs submitted that do not conform to the instructions provided on the back will not be accepted. Read the instructions carefully before completing this form. In accordance with this agency's policy, **your CAP will be posted online** and made accessible to parents and others seeking information pertaining to your child care program.

Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected	Check if Accepted (OEC Use Only)
	NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance.		
3	We completed a thorough review of all of our policies, plans and procedures during our Oct. PDD. Teachers signed off that they did them with me.	10/10/22	✓
18b	All staff who were missing prints made BCIS accounts and got printed	10/5/22	✓
27	consultants have all signed off on documentation. We are still waiting on new forms from dental consultant	10/7/22	✓
44	Replaced missing items - cold packs, got new manuals	9/30/22	✓
69	Wallboard repaired in multicase A - no longer porous	10/5/22	✓

Based on the inspection report, the licensee was cited for failure to comply with the regulations listed above. I hereby declare that the licensee has complied with the regulation(s) in the above manner. I understand the Agency reserves the right to re-inspect the above program to verify compliance with the regulations and to request a meeting with the licensee when necessary to review patterns of non-compliance. Understanding the penalties for false statements, I attest that the information I submit on this form is true.

Providers/Operators are required by regulations and statutes to be in compliance at all times.

☒ By checking this box, and typing my name below, I am electronically signing my CAP.

Signed: [Signature] 11/22/22
(Provider/Operator) (Date)

RETURN TO: _____
Connecticut Office of Early Childhood
450 Columbus Blvd, Suite 302
Hartford, CT 06103 Fax: 860-326-0552

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119	retrained staff on fact that diaper changing tables are only to be used for that	9/29/22	
37	got updated health record for child that was missing a page	9/28/22	

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By checking this box, and typing my name below, I am electronically signing my CAP.

Signed: _____

(Provider/Operator)

11/22/22

(Date)

Printed Name: _____

Daisy Furry